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ABSTRACT

This tobacco education curriculum for senior high contains a sampling of teaching methods, concepts and objectives for the course, and instructional units. Each unit, designed to reinforce a particular concept in regard to smoking, lists suggested learning activities as well as instructional materials to be used and resources available to the teacher. Fact sheets and work sheets are included in the booklet. (JD)

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# HEALTH EDUCATION: SUBSTANCE ABUSE PREVENTION

## TOBACCO EDUCATION CURRICULUM

## SENIOR HIGH

The University of the State of New York/THE STATE EDUCATION DEPARTMENT

Bureau of Drug Education

Albany, New York

1979

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## FOREWORD

s curriculum was developed for the following purposes:

1) as a reference for schools in planning a coordinated K-12 educational support program for reducing smoking as a part of the Regents Action Plan to Reduce Drug Abuse.

2) as an outline of content and methods for schools to use in implementing the requirements of Education Law, Section 804 and Commissioner's Regulations regarding Health Education, Section 135.3, as they relate to tobacco education programs.

3) as a manual for the teacher to use in planning and in the classroom.

curriculum is designed sequentially within a particular grade, as well as from grade to de. All concepts and objectives are considered basic and essential, although leeway is vided in selection of actual activities used. Many activities and objectives are not lusively in the domain of tobacco education; thus the time required for their use would be ropriately allocated from integrated subject areas - for example: alcohol and other drug se; mental health; cardiovascular health and physical fitness; general health and safety; ding, writing, spelling and speech; social, developmental and decision-making skills; visual ; civics; and science.

r to publication, the curriculum was assessed by 152 elementary and secondary teachers 7 urban, suburban and rural school districts in New York State. Suggestions made by pilot chers were considered in preparing the final manuscript.

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## PREFACE

Our most clearly preventable health problems are those resulting from the use of tobacco. Yet, although most people now recognize the health risks of smoking, many people who use tobacco find it just too difficult to change this habit.

The best approach to preventing the health problems caused by tobacco use is clearly to prevent the formation of the tobacco habit. This must be a process that begins with young children and continues until adulthood, involving not only what the child knows about the effects of tobacco use on the body, but also the child's feelings, values, attitudes, self-awareness, behavior patterns and skills; involving not only the classroom, but also other places where the child is influenced to smoke or not to smoke - the school, the community and the home.

A school tobacco education program should have the following characteristics:

1) It should be provided within the context of the comprehensive health education program, taught in the elementary grades by the classroom teacher and in the secondary grades by a certified health teacher.

2) Program objectives should emphasize the factors that influence people to smoke (e.g., self-image, values, decision-making) rather than the nature and effects of tobacco and smoking.

3) Activities should be designed to involve students in their own learning, helping them become responsible for planning and conducting their own lives.

4) It should be a continuous, sequential program that supports healthy attitudes and decisions based upon information acquired from the earliest grades through senior high school.

5) Program content beyond the primary grades should present a balanced view of the issues; as students mature they will recognize the complexity of the economic and social aspects of the tobacco industry, the smoking habit and of smoke-polluted air.

6) It should be articulated with a written school smoking policy developed with input from students and lay members of the community, as well as school faculty and health education professionals.

7) It should involve parents and the community to the fullest extent possible.

8) The instructors for the program should make sincere efforts to set examples for their students.

This curriculum is unique in several aspects:

1) It provides a basic instructional program rather than an exhaustive collection of possibilities. Only essential concepts and objectives have been identified. Activities have been selected for variety, ease of use by the teacher, and for their direct relevance to essential objectives. A special effort has been made at both levels to design activities that integrate with other subject areas, e.g., English, art, social studies, music, math, science and physical education.

2) It combines the expertise of specialists in humanistic and values education with specialists in tobacco education and in curriculum design and development. The purpose of this approach is to provide suppport for the practice of cognitive learnings through enhancing self-image, self-understanding and coping/decision-making skills.

3) It is basically self-contained. Most materials needed are readily available in the classroom; most audiovisuals are available for free loan from voluntary agencies; teacher references are few and moderately priced; worksheets and patterns are provided.

4) It is possible for most elementary and health education teachers to use this curriculum directly in their classrooms without the need for an inservice training program or for a local committee to become involved in rewriting to adapt the material to local needs. (An inservice training program for teachers, administrators and community health professionals could, however, improve the quality of the smoking education program.)

It is important that teachers form the habit of identifying, contacting and working with community professionals and agencies. The products of coordinated school-community efforts far surpass what any teacher can achieve in a classroom. Such programs provide for a free exchange of experience, information and materials; an extension of learnings into real life situations; practical experiences for students that give them a sense of achievement, of belonging to the community and of responsibility for community health; and increased understanding of and support for school programs.

## TOBACCO CURRICULUM MATRIX

| MAJOR CONCEPTS | GRADES | KINDER-GARTEN | FIRST | SECOND | THIRD | FOURTH | FIFTH | SIXTH | JUNIOR HIGH | SENIOR HIGH |
|---|---|---|---|---|---|---|---|---|---|---|
| I. Self-Image, Self-Knowledge and Values | | | | | | | | | | |
| 1. Self-Image | | X | X | X | X | X | X | X | X | X |
| 2. Self-Awareness | | X | X | X | X | X | X | X | X | X |
| 3. Awareness of Others | | X | X | X | X | X | X | X | X | X |
| 4. Value One's Health | | X | X | X | X | X | X | X | X | X |
| 5. Personal Responsibility for Health | | X | X | X | X | X | X | X | X | X |
| II. Tobacco Knowledge and Issues | | | | | | | | | | |
| 1. Safety Hazards Related to Tobacco Use | | | X | | X | | | | | |
| 2. Importance of Clean Air | | | X | X | X | | | | | |
| 3. Immediate Effects of Tobacco Use | | | X | X | X | X | X | X | X | X |
| 4. Rights of Nonsmokers and Smokers | | | X | X | X | X | X | X | X | X |
| 5. Tobacco Habit | | | | X | X | X | X | X | X | X |
| 6. Effects of Smoking on Athletic Performance | | | | | X | X | X | X | X | X |
| 7. Long-Range Effects of Tobacco Use | | | | | X | X | X | X | X | X |
| 8. Psychological and Social Factors of Tobacco Use | | | | | X | X | X | X | X | X |
| 9. Tobacco Advertising | | | | | | X | X | X | X | X |
| 10. Tobacco and U.S. Economy | | | | | | X | X | X | X | X |
| 11. U.S. Government Roles | | | | | | | X | X | | X |
| III. Coping Skills | | | | | | | | | | |
| 1. Communications Skills | | X | X | X | X | X | X | X | X | X |
| 2. Decision-Making Skills | | X | X | X | X | X | X | X | X | X |
| 3. Decisions About Tobacco Use | | | X | X | X | X | X | X | X | X |
| 4. Alternatives to Tobacco Use | | | | | | | | X | X | X |
| 5. Quit Smoking | | | | | | | | | X | X |

## A SAMPLING OF TEACHING METHODS

The methods you use in your health teaching will make all the difference between classes that are boring, lifeless and without meaning, and classes that are exciting -- classes that will get the students actively interested in learning and doing things that will give them the facts they should know and, at the same time, help them to develop a realistic attitude toward health.

A variety of methods will make it easier to adapt to individual differences among students; emphasis should be on the quality of each method rather than on quantity. No one method or procedure will fit all occasions. A method that you find helpful in one learning situation may not work at all in another.

The following teaching methods are offered as a pedagogical assortment from which you may choose to adapt those best suited to your own talents and to the classes you teach.

### BRAINSTORMING

Can be used to teach students to respect and build on their own and others' creative abilities and to acquire the experimental frame of mind necessary for effective problem-solving. Brainstorming can often bring out some very useful suggestions as well as increase the students' involvement in learning.

1. Introduce the topic of brainstorming. It can be described as a first step in problem-solving - a method for getting out the maximum number of ideas for consideration. Emphasize that the only rule is to spill out ideas as quickly as possible, without discussion of your own thoughts or the thoughts of others.
2. Divide class into random groups of three to five students. Each group should have paper and pencil or pen. Have each group select a recorder.
3. Instruct the groups to think of as many things as they can that the class does in a day. The recorder lists these on the paper.
4. Give the groups ten minutes to record their ideas. (If any groups lose steam ahead of time, encourage them to keep trying).
5. Ask each group to choose its two most important ideas to be shared with the entire class.
6. Post the lists so that everyone can see how many ideas emerged in a short time.
7. Select a planning committee to combine ideas.

Followup:

Ask the class the following questions:

1. Was this a good way to get people to listen to your ideas?
2. Did many good ideas come out?
3. Can you think of other times we might use this method of sharing ideas in the class?

## FISH BOWL

The Fish Bowl can be used when there is a problem in the class, to generate ideas or to solve a problem or moral dilemma. All the students have an opportunity to get involved, to have their say, to hear how others perceive the situation and decide on a mutually acceptable solution in an orderly, democratic fashion.

a) Ask for six volunteers to sit in a circle with one extra chair.
b) The rest of the class stands or sits around the outside of the circle.
c) Only the six volunteers can discuss the problem and say whatever they want to say.
d) Students on the outside who wish to say something must sit in the extra chair and wait to be recognized by one of the others in the fish bowl. Once recognized, he/she can say whatever he/she wants to add, clarify or question, then must vacate the chair for someone else.

Possible problems that could be solved using this activity include cheating, stealing, loyalty, breaking rules, interfering with the rights of others.

## DISCUSSION

Discussion has several purposes: to develop interest in a new topic; to test understanding, concepts and experiences; to exchange opinions and viewpoints; to develop critical thinking, critical listening, and clear discourse; and to facilitate awareness of misleading, irrelevant, and false statements.

Either the teacher or a qualified student may take the leadership role in initiating and facilitating discussion. The teacher should respect each student's beliefs and encourage the expression of personal opinions while also encouraging him/her to listen carefully and thoughtfully to the views of others. The teacher should accept rather than judge statements that are emotionally based, question erroneous statements and make authoritative references available to the students.

## LECTURE-DISCUSSION

This term is used to cover a wide range of presentations, combined with discussion. Encouraged within it are presentations not only by the teacher, but also tapes, films, television, or similar forms of communication. A presentation by the teacher, by an outside resource person, or by a student can help to arouse interest in a subject and set the stage for discussion, problem-solving or other types of activity. Case materials, unfinished stories, and critical issues may be handled in this way. Lecture-discussion teaching should be used only where it is the best method to handle a particular objective, since it involves the student in only a limited way.

## CONFLICT RESOLUTION/PROBLEM-SOLVING

Learning to resolve a conflict situation between individuals, an individual and a group, or between groups, without sacrificing one's identity, self-respect or control over one's life can be one of the most important life skills anyone can learn. To arrive at a solution to a conflict which allows everyone involved to feel satisfied, and that is mutually agreed upon, one must learn how to communicate without demeaning another.

An excellent five-step process is discussed in Personalizing Education: Values Clarification and Beyond (See Materials List for Grade One and above.) Briefly, the five-step process to Conflict Resolution is:

Step 1. State the Problem: Participants state the problem as they see it and how they feel about it without blaming, criticizing, judging or shaming.

Step 2. Define the Specifics of the Problem: Participants then note the points of agreement and disagreement.

Step 3. Brainstorm All Possible Solutions: Participants contribute as many ideas as possible to how the conflict may be resolved, to create awareness that there may be a number of ways to deal with the problem.

Step 4. Identify the Consequences: Participants select the most suitable situations from the list they brainstormed and outline the consequences of each.

Step 5. Choosing a Solution: Finally participants evaluate suitable solutions and consequences and agree on one solution that is acceptable to all.

This process can be used in any conflict situation, role-play situation or real life conflict to help students learn decision-making skills.

## ROLE PLAYING

Students assume different roles and improvise dialogue as they act out a problem situation. Role play provides an excellent method for helping students learn about their own attitudes and behaviors and find new ways of dealing with problems. As a followup to a role-play activity, discuss what occurred in the role play and how everyone felt about the interactions. This method may be used in small groups, or with one small group role-playing before the class.

## DRAMATIZATION

Students act out stories, dramas, skits or situations written by a teacher, student or author. Dramatization is used to illustrate how other people have dealt with different problems or situations. As a followup to this activity discuss what happened, student reactions and what they might have done differently from the characters in the drama. This method is best used as a supplement to other forms of instruction and should be selected and evaluated on the basis of its educational potential, not its entertainment value.

## PLAYS AND STORIES

A group writing project may include an entire class. Students should be given a pertinent theme; the play or story should teach a concrete lesson in a practical situation. Acting out the plays or stories provides additional experiences geared toward the learning goals.

## SELF-CONSTRUCTED VISUAL AIDS

Aside from providing a useful outlet for creativity and originality, self-constructed visual aids enliven instruction and help clarify, simplify, emphasize, interpret, and reinforce learnings. Symbolic representation of data may be used through charts, tables, diagrams, maps, graphs, posters, cartoons, dioramas, mobiles, and combinations of these. Charts, tables, graphs, and maps are effective in disseminating information in a compact form, while posters and cartoons, by their potential emotional impact, justify their use in the classroom because of their potential influence on attitudes.

## EXPERIMENTS AND DEMONSTRATIONS

Experiments may be performed by students or demonstrated to the class by the teacher. Preplanning includes choosing scientifically sound experiments that are in line with the purpose of the lesson and with the maturity of the students; obtaining necessary materials and equipment; and anticipating questions about the results.

## SURVEYS

Each step in planning and carrying out a survey has potential educational value. Individuals, committees, or the entire class may conduct surveys. Ideally, a survey should lead to action if the results show that action is needed. This ideal may not always be realizable in the classroom situation, but awareness of community needs is at least sharpened. A survey involves preplanning, collecting, analyzing, interpreting and evaluating data and reporting the findings to the class.

The teacher's role is to guide the students so that they will secure the information they are seeking and interpret and evaluate it correctly. If oral or written questionnaires are used, the teacher's help may be needed to ensure clarity and ease of administration and tabulation. When community facilities are visited, proper prearrangements should be made and a followup thank you letter sent. If students plan to evaluate their findings, care should be taken that the criteria used are sound.

(Note: If a sophisticated study is planned, it is suggested that teachers use school and/or community expertise in sampling, analyzing and interpreting information.)

## INTERVIEWS

Whereas surveys usually cover relatively large numbers of people or a variety of facilities, interviews are a learning technique in which a small number of selected individuals are questioned on a specific topic. Teacher assistance and direction may be necessary to help with the formulation of questions to be used.

## RESEARCH

Some students may need broad experience in searching for answers to questions and problems. Encyclopedia research should be minimized; pupils instead should be aided and encouraged to visit community institutions, to interview experts, and to read, analyze and interpret the research of authorities.

## JUNIOR HIGH

CONCEPT I:
Smoking is largely determined by psychological and social factors.

OBJECTIVES
1. The student will compare and contrast the reasons why young people choose to smoke or not to smoke.
2. The student will state why some people continue to smoke although they know the health hazards.
3. The student will explore his/her feelings, attitudes and behaviors in regard to smoking.
4. The student will explore ways in which smoking can have an adverse effect on his/her relationships with other people.
5. The student will develop and practice methods of dealing with conflict situations regarding tobacco use.
6. The student will verbalize reasons why smoking in public is a privilege and not a right.

CONCEPT II:
Cigarette smoking is dangerous to your health.

OBJECTIVES
1. The student will research how body organs and systems are interrelated.
2. The student will explain the immediate physiological changes in the organs and systems of the body caused by chemicals in tobacco smoke.
3. The student will explain the long-range health effects of smoking.
4. The student will describe the relationship between smoking and life span.
5. The student will explain how smoking interferes with a person's athletic performance.

CONCEPT III:
Once established, the cigarette habit is difficult to break.

OBJECTIVES
1. The student will be able to explain the health benefits of quitting smoking.
2. Through group projects, the student will develop a plan of alternatives to smoking.
3. The student will be able to devise alternative methods or programs which may fulfill the needs and desires one has to smoke.
4. After assisting smokers in quitting, the student will be able to describe some difficulties involved in breaking a smoking habit.
5. The student will be able to explain why the decision to stop smoking is a personal one.

CONCEPT IV:
The tobacco industry uses advertising to persuade young adults to use its products.

OBJECTIVES

1. The student will be able to explain how advertising plays on human emotions and needs to influence our buying habits.
2. The student will evaluate the psychological strategies used by the tobacco industry in advertising.
3. The student will discuss the relationship between tobacco advertising and tobacco consumption.
4. The student will discuss the ethics of advertising as used by the tobacco industry.
5. The student will evaluate anti-smoking advertising techniques.
6. The student will be able to express how he/she feels about advertising.

## SENIOR HIGH

CONCEPT I:

Psychological needs and social influences contribute to one's decision to start smoking, to continue smoking or to quit smoking.

OBJECTIVES

1. The student will compare and contrast why people choose to smoke or not to smoke.
2. The student will list reasons why people continue to smoke although they know the health hazards.
3. In group discussion, the student will explore ways to deal with pressure and stress.
4. The student will explain that cigarette smoking does not reduce pressure or stress.
5. The student will compare and contrast the role of smoking versus the role of not smoking in social interactions.
6. Given a moral dilemma, the student will demonstrate his/her ability to use a decision-making process considering alternatives and consequences.

CONCEPT II:

Tobacco use creates health problems for both the smoker and the nonsmoker who is exposed to smoke-filled areas.

OBJECTIVES

1. The student will identify and discuss the rights of individuals in our society.
2. The student will discuss ways that rights of individuals may be jeopardized.
3. The student will research medical information regarding health hazards of smoking to the nonsmoker.
4. The student will be able to identify and explain those diseases which are related to tobacco use.
5. The student will identify ways to detect early symptoms of diseases related to smoking.
6. The student will explore the effects of tobacco smoke on pregnant women and their fetuses.
7. The student will be able to explain the relationships between smoking and life span, and between smoking and the quality of life.
8. The student will explore the issue of rights for nonsmokers.
9. The student will publicly affirm his/her beliefs concerning rights for nonsmokers.
10. The student will describe problems which may arise when a nonsmoker and a smoker are in conflict and suggest how the conflict may be resolved.
11. The student will develop a model of a life-long plan for optimum health.
12. The student will explain why he/she should make choices of practices and actions based on a life-long plan.

CONCEPT III:

Controls placed on the use of tobacco products have economic and political implications for our society.

OBJECTIVES

1. The student will identify the areas of conflict between the tobacco industry and health experts.
2. The student will be able to compare and contrast viewpoints of the tobacco industry and health experts.
3. The student will explain the relationships among tobacco advertising, tobacco consumption and the U.S. economy.
4. The student will document the laws which control tobacco use in the Nation and in New York State.
5. The student will identify interrelationships among the tobacco industry, government controls and society.
6. The student will discuss what degree of responsibility he/she is willing to accept regarding smoking and health issues.

CONCEPT IV:

People can stop smoking.

OBJECTIVES

1. The student will explore how one's values affect one's attitudes and decisions.
2. The student will explain why the decision to stop smoking is a personal one.
3. The student will discuss reasons why people stop smoking.
4. The student will be able to explain the physiological changes which occur with the cessation of smoking.
5. The student will discuss "smoker types" as identified in the Smoker's Self Testing Kit.
6. The student will explore methods one may use to stop smoking.
7. The student will explain why switching to a pipe or cigar does not necessarily reduce health risks.
8. Through research, the student will identify sources for assistance in quitting smoking.
9. The smoking student will monitor and evaluate his/her own tobacco habit.
10. The student will explore activities and programs alternative to tobacco use for fulfilling one's needs.

## MATERIALS LIST

## SENIOR HIGH

The following materials are suggested as resources for the curriculum. Some of these must be ordered early and most are free. It is suggested that the resources be ordered far enough in advance to assure reservation of films and delivery of materials when needed.

TEACHER RESOURCES - The following materials are examples of references that provide further background or more detailed information. Their acquisition is optional.

AFFECTIVE EDUCATION:

Canfield, Jack and Wells, Harold C. 100 Ways to Enhance Self-Concept in the Classroom. A Handbook for Teachers and Parents. Englewood Cliffs, NJ: Prentice-Hall, Inc., 1976. Price: $6.95.

Chase, Larry. The Other Side of the Report Card: A How-To-Do It Program. Santa Monica, CA: Goodyear Publishing Company, 1975. Price: $9.50.

Galbraith, R.E. Moral Reasoning: Teacher Strategies for Adapting Kohlberg to the Classroom. Greenhaven Press, 1976. Price: $5.95.

Howe, Leland W. and Mary Martha. Personalizing Education: Values Clarification and Beyond. New York: Hart Publishing Company, 1975. May be ordered from the National Humanistic Education Center, 110 Spring Street, Saratoga Springs, NY 12866. Price: $5.95.

SMOKING AND HEALTH

The Smoking Digest: Progress Report on a Nation Kicking the Habit. National Cancer Institute, Office of Cancer Communications, Bethesda, MD 20014. Free.

Introduction to Lung Disease. American Lung Association. Contact your local Lung Association. Single copy free.

The Health Consequences of Smoking - January 1975 Price: $1.85.
Smoking and Health Experiments and Exhibits - HEW Publication No. (CDC) 76-8318
The Chart Book on Smoking, Tobacco and Health.
Public Exposure to Air Pollution from Tobacco Smoke. Single copy free.

Order these from National Clearinghouse for Smoking and Health, 5600 fishers Lane, Rockville, MD 20857.

HEALTH EDUCATION

Greenberg, Jerrold S. Student-Centered Health Instruction: A Humanistic Approach. Reading, MA: Addison-Wesley Publishing Company, 1978. Price: $6.95.

Scott, Gwendolyn D. and Carlo, Mona W. On Becoming A Health Educator (Second Edition). Dubuque, IA: Wm. C. Brown Company Publlishers, 1979. Price: $5.95.

MATERIALS LIST - SENIOR HIGH (cont'd)

CLASS RESOURCES

ORDER TWO MONTHS IN ADVANCE.

Equipment: Carbon monoxide breath analyzer (carboximeter). Contact the American Lung Association of New York State, 8 Mountain View Avenue, Albany, NY 12205, (518) 459-4197, regarding the availability of these instruments.

Film: Is It Worth Your Life. Order from your local American Lung Association or write American Lung Association of New York State, 8 Mountain View Avenue, Albany, NY 12205. Free loan.

Film: Let's Call It Quits. Order from American Cancer Society, New York State Division, 6725 Lyons Street, P.O. Box 7, East Syracuse, NY 13057 or call (315) 437-7025. Free loan.

Booklet: Smoker's Self-Testing Kit. Write to National Clearinghouse for Smoking and Health, 5600 Fishers Lane, Rockville, MD 20857. Order one copy for each student. There is a small charge.

ORDER ONE MONTH IN ADVANCE.

Pamphlets: "Facts and Features for Nonsmokers and Smokers"
"Smoking and the Two of You"
"Pipe and Cigar Smoking"

Order one copy per student from your local Lung Association. Free.

Pamphlet: "Nonsmoker's Bill of Rights." Order one copy per student from your local Lung Association or from National Interagency Council on Smoking and Health, 419 Park Avenue South, Room 1301, New York, NY 10016. Free.

GRADES 10, 11, 12 CONCEPT I

CONCEPT: Psychological needs and social influences contribute to one's decision to start smoking, to continue smoking or to quit smoking.

| LEARNING ACTIVITIES | RESOURCES |
|---|---|
| JECTIVES:<br>1. The student will compare and contrast why people choose to smoke or not to smoke.<br>2. The student will list reasons why people continue to smoke although they know the health hazards.<br><br>ACTIVITY 1:<br>Brainstorm reasons why people smoke. List on chalkboard or transparency.<br><br>Brainstorm reasons why people do not smoke. List opposite reasons for smoking.<br><br>Have students rank order the reasons they feel are most frequently used.<br><br>ACTIVITY 2:<br>Have students develop a survey for smokers and one for nonsmokers. Develop questions to ascertain why the interviewed persons did or did not smoke, if they remember the circumstances of their first cigarettes, and how they feel about their cigarette habits. If they are exsmokers, ask what were the reasons they quit, and how did they quit. If they are nonsmokers, ask how they feel about smoking. | |
| JECTIVES:<br>3. In group discussion, the student will explore ways to deal with pressure and stress.<br>4. The student will explain that cigarette smoking does not reduce pressure or stress.<br>5. The student will compare and contrast the role of smoking versus the role of not smoking in social interactions.<br><br>ACTIVITY 1:<br>List the different kinds of pressures and stresses individuals may have to cope with in a lifetime. Include financial, social, emotional and physical stresses. | |

| LEARNING ACTIVITIES | RESOURCES |
|---|---|
| CTIVITY 2:<br>List substances that people use to help cope with these stresses.<br><br>CTIVITY 3:<br>Using the "Fish Bowl" method, discuss how people cope with stress. Try to generate as many alternatives for coping with stress as possible. Categorize the coping methods discussed by variety.<br><br>(Note: See introductory section, A Sampling of Teaching Methods, for a description and explanation of the "Fish Bowl" technique.)<br><br>CTIVITY 4:<br>In small groups, have students discuss and categorize the coping methods listed in the previous activity into mentally, emotionally, physically and spiritually healthy and unhealthy methods.<br><br>CTIVITY 5:<br>Have students, in small groups, develop role-play situations depicting the roles of cigarettes and pipe, cigar and chewing tobacco in social situations. Then, discuss how not using tobacco affects these same situations.<br><br>Have groups present their role-play situations to the class and discuss them.<br><br>CTIVITY 6:<br>Discuss the role of tobacco as a coping mechanism for reducing stress and pressures.<br><br>Have students research how smoking affects the nervous and circulatory systems and how smoking affects stress.<br><br>CTIVITY 7:<br>Invite the school psychologist or an expert in transactional analysis, assertiveness training or values clarification to speak to the class about positive behaviors for coping with stress. | |

| LEARNING ACTIVITIES | RESOURCES |
|---|---|
| OBJECTIVE:<br>6. Given a moral dilemma, the student will demonstrate his/her ability to use a decision-making process considering alternatives and consequences.<br><br>ACTIVITY:<br>Develop a moral dilemma in which there are obvious choices to be made. Brainstorm and list alternatives; discuss and list possible consequences. Ask students to make a choice based upon his/her feelings. Divide into groups to discuss and reinforce decisions. Share outcome with total group. Use "probe questions" for stimulating moral reasoning. Followup by having students resolve the dilemma as a writing experience.<br><br>For example: Your gang is caught smoking in the gym but some get away before they are recognized. You get caught and are sent to the principal's office. Actually, you were not smoking and, if you identify the kids who were, you probably won't be suspended. | TEACHER RESOURCES:<br>Moral Reasoning: Teacher Strategies for Adapting Kohlberg to the Classroom by R.E. Galbraith. |

GRADES 10, 11, 12 CONCEPT II

CONCEPT: Tobacco use creates health problems for both the smoker and the nonsmoker who is exposed to smoke-filled areas.

| LEARNING ACTIVITIES | RESOURCES |
|---|---|
| **OBJECTIVES:**<br>1. The student will identify and discuss the rights of individuals in our society.<br>2. The student will discuss ways that rights of individuals may be jeopardized.<br><br>**TEACHER INFORMATION**<br><br>Some individual rights are guaranteed to our society through the Constitution. Other rights, as the right of a person to protect his/her health, have not been as carefully examined.<br><br>ACTIVITY 1:<br>Pose relevant questions to facilitate discussion:<br>- What rights does each person have?<br>- What are the most common guarantees in our society today?<br>- Should our Constitution contain any further guarantees for individual rights?<br><br>ACTIVITY 2:<br>Direct students to write a political platform based on the topic of "individual rights" and their views of contemporary injustices as they relate to health.<br><br>ACTIVITY 3:<br>Lead a discussion on the topic of what rights are justified and which so-called "rights" are not justified. | |
| **OBJECTIVES:**<br>3. The student will research medical information regarding health hazards of smoking to the nonsmoker.<br>4. The student will be able to identify and explain those diseases which are related to tobacco use. | TEACHER RESOURCE:<br>Pamphlet: "Facts & Features for Nonsmokers & Smokers"<br>(local Lung Association)<br><br>TEACHER RESOURCES:<br>Book: Introduction to Lung Diseases<br>(American Lung Association) |

| LEARNING ACTIVITIES | RESOURCES |
|---|---|
| ACTIVITY 1:<br>Students will contact community health agencies (Lung Association, Cancer Society, Heart Association, etc.) to get a speaker(s) and information on the health hazards of smoking (to both the smoker and the nonsmoker).<br><br>Have speaker bring educational material for further study on the health hazards of smoking, including smoking-related diseases and the importance of early detection.<br><br>OR<br><br>Ask for a student volunteer to write community health agencies for resource materials for the class to study on the health hazards of smoking. | Booklet: The Health Consequences of Smoking (National Clearinghouse for Smoking and Health) |
| ACTIVITY 2:<br>Provide students with copies of "Carbon Monoxide and Your Health," to read and discuss.<br><br>ACTIVITY 3:<br>Invite a speaker to demonstrate a carbon monoxide analyzer (carboximeter) to the class. This device measures carboxyhemoglobin (carbon monoxide levels in the blood) through a breath test.<br><br>(Note: Arrangements for making such devices available to schools are in negotiation. For further information, contact the American Lung Association of New York State or the State Education Department's Bureau of Drug Education.) | MATERIALS:<br>Article: "Carbon Monoxide and Your Health" (see next page)<br><br>TEACHER RESOURCE:<br>Address:<br>American Lung Association of New York State<br>8 Mountain View Avenue<br>Albany, NY 12205<br>(518) 459-4197) |
| OBJECTIVE:<br>5. The student will identify ways to detect early symptoms of diseases related to smoking.<br><br>ACTIVITY 1:<br>Have students research how to detect early symptoms of diseases related to smoking using library resources and the information provided by community health agencies from Activity 1 in the previous section.<br><br>ACTIVITY 2:<br>Provide students with the materials listed to design posters and collages depicting how one can detect the early signs of lung and heart diseases. | MATERIALS:<br>magazines<br>construction paper<br>markers<br>paints<br>glue<br>scissors |

## CARBON MONOXIDE AND YOUR HEALTH

People who smoke injure their health, not only through the inhalation of tar, nicotine, and other irritating chemicals, but also by elevating the levels of carbon monoxide in their blood.

Carbon monoxide (CO) is a colorless, odorless gas created by incomplete combustion. It is a relatively common gas which comes from many sources, including: automobile exhaust, smoke from coal and wood fires, and smoke from burning tobacco products. Carbon monoxide, when inhaled, can be hazardous to one's health. When air containing carbon monoxide is inhaled, it does not irritate the membranes of the nose, eyes, or cause coughing, so it may not be noticed. In small doses it is relatively harmless; in large doses it causes headaches, nausea, vomiting and could lead to coma and death.

The human body needs oxygen to support its life processes. Respiration is the process for providing oxygen to the cells and ridding the cells of waste products. Normal respiration includes inspiration and expiration phases. Inspiration is the inhalation of air containing oxygen ($O_2$). Upon inhalation, the oxygen diffuses from the air into the bloodstream where it combines with hemoglobin in the red blood cells to form oxyhemoglobin. Oxyhemoglobin is an unstable chemical compound and releases the oxygen easily to supply the cells. As the oxygen is released, the hemoglobin combines with the cell's waste product, carbon dioxide ($CO_2$), to make carbohemoglobin, which is carried to the lungs for exhalation. Expiration is the exhalation of waste products from the body.

When carbon monoxide is present in the air breathed, the natural processes of respiration are altered. Carbon monoxide combines with the hemoglobin in the red blood cell 230 times faster than oxygen. Therefore, when carbon monoxide is available in air taken into the lungs, the red blood cells will pick it up before they pick up the oxygen. Carbon monoxide combines with hemoglobin to create a stable compound called carboxyhemoglobin (COHb), which is released from the red blood cells more slowly than oxygen. As more carbon monoxide is inhaled, the blood becomes saturated with carboxyhemoglobin and the amount of oxygen available to the cells is reduced. Normally, people have a carboxyhemoglobin level of 0.3-0.7% in their blood. As the dose and the time of exposure to carbon monoxide increases, the blood saturation level of carboxyhemoglobin increases. The following chart will show how increasing levels of carboxyhemoglobin in the blood affect health.

| Blood Saturation Levels of COHb | Response of a Healthy Adult |
|---|---|
| 0.3 - 0.7% | Normal range |
| 1 - 5% | Reduction of oxygen supply in the blood; decrease in blood flow to vital organs. |
| 2 - 9% | Exercise tolerance reduced, visual distortions. |
| 16 - 20% | Headache, abnormal visual distortions. |
| 20 - 30% | Throbbing headache, nausea; reduced manual dexterity. |
| 30 - 40% | Severe headache; nausea and vomiting. |
| 50% | Coma; convulsions |
| 67 - 70% | Death |

Carbon monoxide is a major product of tobacco combustion. It makes up 1-5% of these products. A smoker, depending upon the number and brand of cigarettes, acquires a carboxyhemoglobin level of 2-15% or more. Carbon monoxide levels can be measured by a simple breath analyzer. When a pack-a-day smoker is measured, he/she may have a 3-6% COHb level. A person who smokes two packs a day may have a 6-10% COHb level and a three or more pack-a-day smoker may acquire a level as high as 20%. These levels are dependent upon the brand of cigarettes, the number smoked, and the time elapsed since the last smoked cigarette. Smoking significantly reduces the amount of oxygen supplying the body, including the heart and brain.

The health effects of exposure to carbon monoxide levels up to 50 ppm (parts per million)--equal to about 10% COHb level--includes: the reduction in the amount of hemoglobin to transport oxygen; altered auditory discrimination; reduction in visual acuity; reduced ability to distinguish relative brightness; increased response time for taillight discrimination and a decreased ability for distance estimation. For smokers who have heart disease there is a significant reduction in their stamina for exercise and an increase in the stress on their heart. For women who are pregnant and who smoke there is a reduction in the oxygen available to the fetus and a significant increase in the infants delivered with lower birth-weights.

A question that must also be dealt with concerns the effects of carbon monoxide on the nonsmoker who is exposed to tobacco smoke. More research is being done on the effects of "involuntary" smoking on the healthy nonsmoker and on nonsmokers with chronic diseases. Research reports, however, are controversial.

For nonsmokers, exposure to pollution from tobacco smoke is "involuntary" because it occurs as part of the necessary act of breathing in a smoke-filled room. The exposure can be called "smoking" because many of the same components of cigarette smoke that cause health problems for the smoker are inhaled by the nonsmoker. It must be recognized that exposure for the nonsmoker is different from that of the smoker. First, the quantity of the smoke inhaled is less for the nonsmoker; and second, the smoke inhaled is a mixture of smoke released from the burning end of the cigarette and the exhaled smoke from the smoker. The health effects of involuntary smoking are different from the effects of voluntary smoking and should be dealt with as a separate issue.

The chemical constituents found in air filled with tobacco smoke come from two sources, mainstream and sidestream smoke. Mainstream smoke emerges from the cigarette, pipe, or cigar after being drawn through the tobacco during puffing. Sidestream smoke rises from the burning end. Sidestream smoke pours two times the amount of nicotine and tar and five times the amount of carbon monoxide into the air to be breathed by the nonsmoker as well as the smoker.

The health effects of involuntary smoking on a healthy nonsmoker are probably not injurious to health, although the annoyance that nonsmokers experience due to eye irritation, scratchy throat, headache, dizziness and nausea must be recognized.

An additional effect of involuntary smoking on a healthy population is increased respiratory infections in children in the first year of life. Research also shows that children 16 years or younger, living in a home with tobaco smoke present, have more frequent respiratory illnesses than children of nonsmoking parents.

The health effects on nonsmokers who have heart disease, chronic lung disease, or asthma are significant and hazardous. To anyone with heart disease, chronic bronchitis or emphysema, any reduction in their oxygen-carrying capacity is a great concern. In smoke-filled environments, levels of carbon monoxide and several other pollutants may be as high or higher than the levels which occur during air pollution

emergencies. Due to the reduced amount of oxygen available to compete with the carbon monoxide for hemoglobin, these people experience higher carboxyhemoglobin levels than healthy people under the same conditions. People with chronic heart and lung disease will experience pain during exercise much sooner. The heart must work harder to provide the same amount of oxygen-carrying blood to their bodies. They may also experience other distress symptoms.

Involuntary smoking is a real problem for approximately 24 million people with sensitive respiratory tracts, and for nine million people who have asthma. People who are sensitive or allergic to the invisible irritating substances contained in tobacco smoke experience allergic reactions in their nose, with symptoms of nasal stuffiness, dripping secretions, sneezing and sometimes complete blockage. As a result, they must breathe through their mouths. Wheezing and tightness may develop immediately or after some time of exposure, and may develop into shortness of breath and/or an asthmatic attack. For these individuals, recurrent exposure to tobacco smoke, in the long run, prolongs their respiratory problems.

In summary, the effects of involuntary smoking on healthy nonsmokers consists mainly of throat, eye, and nasal irritations, headache and nausea. However children, and the substantial proportion of the U.S. population which suffers from chronic heart and lung disease, are seriously jeopardized by conditions found in involuntary smoking situations. People with allergies and asthma are also seriously affected by secondhand smoke. All of these people have the right to breathe clean air so they may enjoy a healthy life. For these people, secondhand tobacco smoke is a serious daily health hazard.

Resources:

U.S. Department of Health, Education and Welfare. The Health Consequences of Smoking - 1975 Public Health Service, DHEW Publication No. (CDC) 76-8704, pp. 83-112.

U.S. Department of Health, Education and Welfare. Proceedings/3rd World Conference-Smoking and Health - Volume II. Publilc Health Service, DHEW Publication No. (NIH) 77-1413, pp. 51-57, 329-335, 883-890.

| LEARNING ACTIVITIES | RESOURCES |
|---|---|
| **OBJECTIVE:**<br>6. The student will explore the effects of tobacco smoke on pregnant women and their fetuses.<br><br>ACTIVITY:<br>Present to the class the research done thus far in the area of smoking and pregnancy. | MATERIALS:<br>Fact Sheet, "Smoking and Pregnancy"<br>Pamphlet: "Smoking and the Two of You" (American Lung Association) |
| **OBJECTIVE:**<br>7. The student will be able to explain the relationship between smoking and life span, and between smoking and the quality of life.<br><br>ACTIVITY:<br>Library assignment - Group research topic(s).<br><br>Part A, Topics:<br>1) Correlation between smoking and life span<br>2) Correlation between smoking and quality of life<br><br>Part B<br>1) Prepare a composition summarizing the best points for each topic. | TEACHER RESOURCES:<br>"Chart Book on Smoking, Tobacco and Health," HEW Publ. No. (CDC) 76-8718 (National Clearinghouse for Smoking and Health) |
| **OBJECTIVES:**<br>8. The student will explore the issue of rights for nonsmokers.<br><br>9. The student will publicly affirm his/her beliefs concerning rights for nonsmokers.<br><br>10. The student will describe problems which may arise when a nonsmoker and a smoker are in conflict and suggest how the conflict may be resolved.<br><br>ACTIVITY 1:<br>Provide students with pamphlets "Facts and Features for Nonsmokers and Smokers," and "Nonsmoker's Bill of Rights." Discuss. | MATERIALS:<br>Pamphlets: "Facts and Features for Nonsmokers and Smokers"<br>"Nonsmoker's Bill of Rights" (American Lung Association OR National Interagency Council on Smoking and Health) |

## FACT SHEET

## SMOKING AND PREGNANCY

1. A woman who smokes during her pregnancy has twice the risk of delivering a low-birth-weight infant as that of a nonsmoker.

2. The effect of cigarette smoking upon fetal growth reflects the number of cigarettes smoked daily during the pregnancy, and not the cumulative effect of cigarette smoking which occurred before the pregnancy began.

3. If a woman gives up smoking by the fourth month of pregnancy, her risk of delivering a low-birth-weight infant is similar to that of a nonsmoker.

4. Infants of smokers experience an accelerated growth rate during the first six months after delivery, compared to infants of nonsmokers. This finding corresponds with viewing birth as the removal of the smoker's infant from a toxic influence.

5. There is an association between paternal and maternal smoking during pregnancy and infant low-birth-weight.

6. Vitamin $B_{12}$ and Vitamin C levels are significantly lower in the serum of women who smoke during pregnancy.

7. There is an association between smoking during pregnancy and impaired physical and intellectual development in the offspring.

8. Carbon monoxide levels in the blood are substantially elevated in pregnant women who smoke and may result in damage to the blood vessels in the placenta and fetus.

9. Nicotine is present in the breast milk of mothers who smoke and has been shown to cause nausea, vomiting, diarrhea and excessively rapid heartbeat in infants.

10. Nicotine has been found in breast milk four to five hours after smoking. There is a direct dose-relationship between the concentration of nicotine and the number of cigarettes smoked.

Resources

U.S. Department of Health, Education and Welfare. The Health Consequences of Smoking, 1973. Publication No. (HSM) 73-8704.

U.S. Department of Health, Education and Welfare. The Health Consequences of Smoking, 1977-1978.

| LEARNING ACTIVITIES | RESOURCES |
|---|---|
| ACTIVITY 2:<br>Have students develop a questionnaire in two parts:<br>A. For smokers:<br>1) how they prefer to be asked not to smoke<br>2) how do they feel on the issue of rights for nonsmokers<br><br>B. For nonsmokers:<br>1) how they ask smokers not to smoke<br>2) how they feel about nonsmokers' rights and laws restricting smoking. | MATERIALS:<br>Information on legislation to restrict smoking can be obtained from the American Lung Association of New York State. |
| Have each student survey at least three smokers and three nonsmokers, using the questionnaire, and compile the results they obtained for reporting to the class. The class should then compile all information obtained. Results may be used as a basis for discussion, or for preparing a report for distribution to parents or publication in the school newspaper.<br><br>ACTIVITY 3:<br>Role Play<br><br>Assign pairs of students to role play the parts of "Thoughtless Smoker" and "Informed Nonsmoker" encountering each other in several different situations: in a restaurant, on a bus, in an office. Discuss their feelings and how they handled the situation.<br><br>ACTIVITY 4:<br>Have students write to their legislators expressing their opinions regarding legislation to restrict smoking. | |
| OBJECTIVES:<br>11. The student will develop a model of a life-long plan for optimum health.<br><br>12. The student will explain why he/she should make choices of practices and actions based on a life-long plan. | |

| LEARNING ACTIVITIES | RESOURCES |
|---|---|
| **TEACHER INFORMATION**<br><br>Some of the decisions we make today about our lives and our health have significant effects on our future. Some people find it difficult to understand that today's actions may be tomorrow's problems. Developing a life-long plan for optimum health provides students with a perspective on how health behavior and decisions can affect different periods of a lifetime. This activity could be used for an in-depth study of the changing responsibilities and health choices a person makes in a lifetime for him/herself and loved ones. | |
| ACTIVITY:<br><br>Group Work<br><br>Divide the class into groups of 6-8. Have each group select a chairperson who will be responsible for coordinating the activity and presenting the group's product to the class.<br><br>Ask each group to list or brainstorm all the factors present in a person's life that affects his/her health. (Groups should categorize their lists into main topics with subtopics. (Examples of main topics could include: family; peers; personal health behaviors - mental and physical; school; job or career; social clubs; religious and spiritual development; leisure, etc.)<br><br>Provide each student with four sheets of paper. Instruct students to divide each sheet into three columns, label the columns as they are in the model given, and label the first sheet "Life-Long Plan for Optimum Health." (Teacher may want to provide students with forms already printed to save time.)<br><br>As a group, have the students discuss and list those practices or actions which are important for each main topic for each age group, and come up with a plan representing the concensus of the group. Then have each group present their Life-Long Plan to the class. Have the class list those elements common to all or most of their models and explain why these practices or actions were chosen. | MATERIALS<br>Model for A Life-Long Plan for Optimal Health |

## MODEL FOR A LIFE-LONG PLAN FOR OPTIMAL HEALTH

PAGE 1

| LIFE-LONG PLAN FOR OPTIMAL HEALTH | | |
|---|---|---|
| HEALTH FACTORS | BIRTH - AGE 5 | GRADES K-6 |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |

PAGE 2

| LIFE-LONG PLAN FOR OPTIMAL HEALTH | | |
|---|---|---|
| JUNIOR HIGH | SENIOR HIGH | AGES 18-22 |
| | | |

PAGE 3

| LIFE-LONG PLAN FOR OPTIMAL HEALTH | | |
|---|---|---|
| AGES 22-30 | AGES 30-50 | AGES 50-65 |
| | | |

PAGE 4

| LIFE-LONG PLAN FOR OPTIMAL HEALTH | |
|---|---|
| RETIREMENT | I LEARNED THAT . . . |
| | |

## GRADES 10, 11, 12 CONCEPT III

**CONCEPT:** Controls placed on the use of tobacco products have economic and political implications for our society.

| LEARNING ACTIVITIES | RESOURCES |
|---|---|
| **OBJECTIVES:**<br>1. The student will identify the areas of conflict between the tobacco industry and health experts.<br>2. The student will be able to compare and contrast viewpoints of the tobacco industry and health experts.<br><br>ACTIVITY 1:<br>Have students write for information on tobacco and smoking from the following agencies: U.S. Department of Health, Education and Welfare (National Cancer Institute and National Clearinghouse for Smoking and Health); American Medical Association; American Cancer Society; American Heart Association; and the American Lung Association.<br><br>ACTIVITY 2:<br>Have students research the areas of conflict between the tobacco industry and health experts using materials and information available from the Tobacco Institute, health departments and community health agencies.<br><br>ACTIVITY 3:<br>Have students debate the points of view of the tobacco industry versus medical care experts. | TEACHER RESOURCES:<br>Address:<br>American Medical Association<br>535 North Dearborn Street<br>Chicago, IL 60610<br>(For others see Materials List and Appendices)<br><br>RESOURCE:<br>Address:<br>The Tobacco Institute<br>1776 K Street, N.W.<br>Washington, D.C. 20006 |
| **OBJECTIVE:**<br>3. The student will explain the relationships among tobacco advertising, tobacco consumption and the U.S. economy.<br><br>ACTIVITY:<br>a) In small groups, have students research and present oral reports on:<br>1) tobacco advertising trends<br>2) tobacco consumption trends<br>3) tobacco and the U.S. economy.<br>b) After the three presentations, use the Fish Bowl technique to discuss the relationship between the three reports. List the relationships discussed.<br><br>(Note: For an explanation of the Fish Bowl technique see introduction section, A Sampling of Teaching Methods. | |

| LEARNING ACTIVITIES | RESOURCES |
|---|---|
| **OBJECTIVE:**<br>4. The student will document the laws which control tobacco use in the Nation and in New York State.<br><br>ACTIVITY 1:<br>Have students write to the American Lung Association of New York State and ASH (Action on Smoking and Health) for information regarding the regulations on tobacco use in New York State and in other states.<br><br>ACTIVITY 2:<br>Invite your Assemblyman, Senator or history teacher to speak to the class on how bills are introduced into the New York State Legislature--the process, lobbying and citizen responsibility. | **TEACHER RESOURCE:**<br>Addresses:<br>American Lung Association of New York State<br>8 Mountain View Avenue<br>Albany, NY 12205<br><br>ASH<br>2000 H Street, N.W.<br>Washington, D.C. 20006<br><br>Booklet: The Smoking Digest (National Cancer Institute) |
| **OBJECTIVE:**<br>5. The student will identify interrelationships among the tobacco industry, government controls and society.<br><br>ACTIVITY:<br>Mock Courtroom Trial.<br><br>Have students develop a courtroom scenario with the following characters:<br><br>Surgeon General<br>Senate Health Committee<br>Jury (class)<br>Bailiff<br>Tobacco Industry Representative<br><br>Witness (consumer, nonsmoker, concerned with rising health care costs associated with tobacco being shouldered by the nonsmoking majority)<br>Witness (health educator)<br>Doctor (cardiopulmonary specialist)<br>Witness (tobacco farmer)<br>Witness (lobbyist for tobacco industry)<br>Witness (insurance carrier)<br><br>Decide whether the Federal government should control tobacco and how. | |

| LEARNING ACTIVITIES | RESOURCE |
|---|---|
| CTIVE:<br>6. The student will discuss what degree of responsibility he/she is willing to accept regarding smoking and health issues.<br><br>CTIVITY 1:<br>Discuss what smoking and health-related responsibilities a person has as a citizen: 1) to him/herself; 2) to family and friends; 3) to the community at large.<br><br>CTIVITY 2:<br>Have students write editorials to newspapers and/or television stations stating their views on tobacco regulations, subsidies and political influences.<br><br>CTIVITY 3:<br>Have students write to their legislators concerning their views on restricting smoking in public places. | |

GRADES 10, 11, 12 CONCEPT IV

CONCEPT: People can stop smoking.

| LEARNING ACTIVITIES | RESOURCES |
|---|---|
| OBJECTIVE:<br>1. The student will explore how one's values affect ones attitudes and decisions.<br><br>ACTIVITY 1:<br>"Values Auction"<br><br>Divide the class into groups of six. Explain that each group will be colonizing another planet and they must pass on the most important values to the new civilization. The difficulty is that, of the 14 values listed, no two civilizations can select the same values.<br><br>Each group is given 1000 points to use to purchase values auctioned by the teacher. Each group tries to buy as many values with its 1000 points as it can. Once its points are gone, a group must withdraw from the auction.<br><br>Provide students with 15 minutes to plan a strategy for the auction. After the auction, discuss which values each group has, how they made decisions and what type of civilization they will have with the values they bought.<br><br>ACTIVITY 2:<br>"Life Raft"<br><br>You are survivors of a ship wreck in the Atlantic Ocean. There is only one life raft which will hold ten people. You must decide as a group who will be saved. You only have 15 minutes until the ship sinks.<br><br>Role play these characters and decide who from the passenger list shall go in the life raft.<br><br>Discuss how group members made decisions and how they felt about making this life-determining decision.<br><br>ACTIVITY 3:<br>Use the Fish Bowl method to discuss: 1) individuals have free will to make their own | TEACHER RESOURCE:<br>Personalizing Education: Values Clarification and Beyond by Leland W. Howe and Mary Martha Howe.<br><br>MATERIALS:<br>Fourteen Values Sheet<br><br>MATERIALS:<br>Passenger List |

## FOURTEEN VALUES

As a group decide which of these fourteen values are most important to the new colony. Rank from most important to least important.

___ Wealth

___ Equality

___ Family

___ Progress

___ Tradition

___ Freedom

___ Love

___ Health

___ Peace

___ Justice

___ Beauty

___ Wisdom

___ Power

___ Happiness

## PASSENGER LIST

| | |
|---|---|
| Engineer: | 56, married, 3 children ages 6 to 15 years, salesman for an engineering company which builds airplaines |
| Gray Panthers Leader: | 72, widower, leader of the Gray Panthers, going to England to organize group of Gray Panthers for senior citizens in England |
| Doctor: | 42, married, two children, ages 5 and 8, believes he has found a cure for cancer |
| Women's Liberation Leader: | 32, single, leader in feminist movement going to address an international conference on women's rights |
| Stewardess: | 22, single |
| Gambler: | 47, single, yachtsman |
| Musician: | 24, single, with country rock group, on concert tour |
| Nun: | 28, single, specializes in death education for terminally ill |
| Farmer: | 40, married, six children ages 3-15 years, excellent fisherman and hunter |
| Student: | 19, single, in pre-med at a university, plans to visit England to observe medical system |
| Peace Corp Member: | 26, married, returning to Zaire post and husband |
| Nurse: | 39, married, going to France to visit relatives |
| FBI Agent: | 52, married, three grown children, retiring in two years, has been a double agent in Russia |
| Convict: | 32, single, was head of large drug ring, being returned to England for trial |
| Priest: | 52, single, a vocal, well-known civil rights activist |
| Professor: | 63, married, no children, on leave of absence to study Israeli Kibbutz schools |
| Salesman: | 39, homosexual, selling a machine which purifies ocean water for human consumption |
| Girl & Boy: | Sister and brother, ages 11 and 14, flying to visit grandmother in Sweden |
| Senator: | 56, married, three children ages 10-17 years, going to Middle East to help negotiate truce between Israel and Palestinians |

| LEARNING ACTIVITIES | RESOURCES |
|---|---|
| ACTIVITY 3: (cont'd)<br>decisions regarding smoking and 2) responsibilities friends and families of smokers have.<br><br>(Note: For a description and explanation of the Fish Bowl technique, see introductory section, A Sampling of Teaching Methods.) | |
| OBJECTIVES:<br>2. The student will explain why the decision to stop smoking is a personal one.<br><br>3. The student will discuss reasons why people stop smoking.<br><br>4. The student will be able to explain the physiological changes which occur with the cessation of smoking.<br><br>ACTIVITY 1:<br>Brainstorm, list and discuss the various reasons people quit smoking.<br><br>ACTIVITY 2:<br>Show film, "Is it Worth Your Life." Discuss.<br>OR<br>Show film, "Let's Call it Quits." Discuss. | MATERIALS:<br>Film: "Is it Worth Your Life" (American Lung Association)<br><br>Film: "Let's Call it Quits" (American Cancer Society) |
| OBJECTIVES:<br>5. The student will discuss "smoker types" as identified in the Smoker's Self-Testing Kit.<br><br>6. The student will explore methods one may use to stop smoking.<br><br>7. The student will explain why switching to a pipe or cigar does not necessarily reduce health risks.<br><br>8. Through research, the student will identify sources for assistance in quitting smoking.<br><br>ACTIVITY 1:<br>Provide students with the Smoker's Self-Testing Kit. Divide class into small groups to work on the four tests included and discuss the "smoker types" defined. | MATERIALS:<br>Smoker's Self-Testing Kit. (National Clearinghouse for Smoking and Health) |

| LEARNING ACTIVITIES | RESOURCES |
|---|---|
| **ACTIVITY 2:**<br>Invite an exsmoker or a group leader from an area smoking withdrawal program to discuss how people quit smoking using the withdrawal program and the benefits of quitting. | |
| **ACTIVITY 3:**<br>Present information to the class about the kinds and techniques of smoking withdrawal programs (or have small groups of students present this information). Use The Smoking Digest as reference. Also include information about how statistics can be manipulated and/or misleading if standard statistical criteria are not used by all programs in interpreting their data. | TEACHER RESOURCE:<br>Booklet: The Smoking Digest<br>(National Cancer Institute) |
| **ACTIVITY 4:**<br>Divide students into small groups. Instruct each group to interview (in person or over the phone) or do research about one of the following groups regarding smoking withdrawal. Include benefits, program techniques and success.<br>a) acupuncture<br>b) hypnosis<br>c) American Cancer Society<br>d) American Lung Association<br>e) Smoke Enders<br>f) "One Step At a Time" filters<br>g) National Heart, Blood and Lung Institute<br>h) Seventh Day Adventists<br>i) others<br>Have groups report their findings to the class. Then provide the opportunity for the class to vote on which it feels may be most effective and explain why. | |
| **ACTIVITY 5:**<br>Distribute "Pipe and Cigar Smoking" pamphlet available from the American Lung Association. Discuss how switching to pipe and/or cigar smoking may not necessarily reduce health risks. | MATERIALS:<br>Pamphlet: "Pipe and Cigar Smoking"<br>(American Lung Association) |
| **OBJECTIVES:**<br>9. The smoking student will monitor and evaluate his/her own tobacco habit.<br>10. The student will explore activities and programs alternative to tobacco use for fulfilling one's needs. | |

| LEARNING ACTIVITIES | RESOURCES |
|---|---|
| ACTIVITY 1:<br>Distribute the Fredrickson's Rating Sheet to those students who smoke. Ask them to monitor their habit for one week and assess the type of smoker they are and when they need to smoke most.<br><br>Have students develop personal goals regarding their tobacco habit. | MATERIALS:<br>Frederickson's Rating Sheet |
| ACTIVITY 2:<br>Brainstorm activities a smoker can do to fulfill his/her needs instead of smoking. List. Include recreational activities and harmless "busy" activities for nervous smokers who need something to do with their hands as well as tips or hints to avoid cigarettes. | |
| ACTIVITY 3:<br>Make collages, posters or murals of alternative activities and programs to display on a school bulletin board entitled, "I Don't Have Time To Smoke." | MATERIALS:<br>magazines<br>glue<br>scissors<br>construction paper<br>paints/markers |

## FREDRICKSON'S RATING SHEET

INSTRUCTIONS: Wrap this "Daily Cigarette Count" around your pack of cigarettes and hold it fast with two rubber bands. Complete the information below if you unwrap your pack or are offered a cigarette by someone else. Use a word or two to describe your "activity," "feeling" and "reason for quitting" at the time.

Day of the Week _____ Date _____ Pack Number of the Day _____

| Cigarette (Circle) | Time of Day | Activity | Feeling | Need Rating* (circle) | Reason for Quitting | I Decide to Smoke/Not Smoke This Cigarette | |
|---|---|---|---|---|---|---|---|
| 1 | | | | 1 2 3 4 5 | | ( ) | ( ) |
| 2 | | | | 1 2 3 4 5 | | ( ) | ( ) |
| 3 | | | | 1 2 3 4 5 | | ( ) | ( ) |
| 4 | | | | 1 2 3 4 5 | | ( ) | ( ) |
| 5 | | | | 1 2 3 4 5 | | ( ) | ( ) |
| 6 | | | | 1 2 3 4 5 | | ( ) | ( ) |
| 7 | | | | 1 2 3 4 5 | | ( ) | ( ) |
| 8 | | | | 1 2 3 4 5 | | ( ) | ( ) |
| 9 | | | | 1 2 3 4 5 | | ( ) | ( ) |
| 10 | | | | 1 2 3 4 5 | | ( ) | ( ) |
| 11 | | | | 1 2 3 4 5 | | ( ) | ( ) |
| 12 | | | | 1 2 3 4 5 | | ( ) | ( ) |
| 13 | | | | 1 2 3 4 5 | | ( ) | ( ) |
| 14 | | | | 1 2 3 4 5 | | ( ) | ( ) |
| 15 | | | | 1 2 3 4 5 | | ( ) | ( ) |
| 16 | | | | 1 2 3 4 5 | | ( ) | ( ) |
| 17 | | | | 1 2 3 4 5 | | ( ) | ( ) |
| 18 | | | | 1 2 3 4 5 | | ( ) | ( ) |
| 19 | | | | 1 2 3 4 5 | | ( ) | ( ) |
| 20 | | | | 1 2 3 4 5 | | ( ) | ( ) |

*Need Rating: How important that particular cigarette is to you at the time.

1 - Most important (would have missed it very much)
2 - Above average
3 - Average
4 - Below average
5 - Least important (would not have missed it)

## AMERICAN CANCER SOCIETY, COUNTY UNIT OFFICES

| DIVISION/UNIT | ADDRESS | TELEPHONE NO. | COUNTY SERVED |
|---|---|---|---|
| American Cancer Society<br>New York State Division, Inc. | 6725 Lyons Street<br>P.O. Box 7<br>East Syracuse, NY 13057 | 315: 437-7025 | |
| American Cancer Society<br>Albany County Unit | 747 Madison Avenue<br>Albany, NY 12208 | 518: 449-8722<br>(8723) | Albany |
| American Cancer Society<br>Allegany County Unit | 46 Martin Street<br>Wellsville, NY 14895 | 716: 593-5111 | Allegany |
| American Cancer Society<br>Broome County Unit | 216 Court Street<br>Binghamton, NY 13905 | 607: 722-6471 | Broome |
| American Cancer Society<br>Cattaraugus County Unit | 420 West State Street<br>Olean, NY 14760 | 716: 372-1030 | Cattaraugus |
| American Cancer Society<br>Cayuga County Unit | 232 West Genesee Street<br>Auburn, NY 13021 | 315: 253-9812 | Cayuga |
| American Cancer Society<br>Chautauqua County Unit | 111 West Second Street<br>Room 260<br>Jamestown, NY 14701 | 716: 487-1129 | Chautauqua |
| American Cancer Society<br>Chemung County Unit | 627 West Church Street<br>Elmira, NY 14901 | 607: 734-1552 | Chemung |
| American Cancer Society<br>Chenango County Unit | 5 West Main Street<br>Norwich, NY 13815 | 607: 334-4113 | Chenango |
| American Cancer Society<br>Clinton County Unit | 203 Margaret Street Street<br>Plattsburgh, NY 12901 | 518: 563-4271 | Clinton |
| American Cancer Society<br>Columbia County Unit | 728 Warren Street<br>Hudson, NY 12534 | 518: 828-1984 | Columbia |
| American Cancer Society<br>Cortland County Unit | 4 West Court Street<br>Cortland, NY 13045 | 607: 756-2277 | Cortland |
| American Cancer Society<br>Delaware County Unit | Box 176<br>Walton Building<br>1 Bridge Street<br>Walton, NY 13856 | 607: 865-6561 | Delaware |

| DIVISION/OFFICE | ADDRESS | TELEPHONE NO. | COUNTY SERVED |
|---|---|---|---|
| American Cancer Society<br>Dutchess County Unit | Hope Lodge<br>Vassar Brothers Hospital<br>Reads Place<br>Poughkeepsie, NY 12061 | 914: 452-2635 | Dutchess |
| American Cancer Society<br>Erie County Unit | 330 Statler-Hilton<br>Buffalo, NY 14202 | 716: 856-1625 | Erie |
| American Cancer Society<br>Essex County Unit | Water Street<br>Elixabethtown, NY 12932 | 518: 873-9884 | Essex |
| American Cancer Society<br>Franklin County Unit | 88 Main Street<br>Saranac Lake, NY 12983 | 518: 891-2860 | Franklin |
| American Cancer Society<br>Fulton County Unit | 25 Bleecker Street<br>Gloversville, NY 12078 | 518: 725-3518 | Fulton |
| American Cancer Society<br>Genesee County Unit | 103 State Street<br>Batavia, NY 14020 | 716: 343-1454 | Genesee |
| American Cancer Society<br>Greene County Unit | 375 Main Street<br>Catskill, NY 12414 | 518: 943-3280 | Greene |
| American Cancer Society<br>Hamilton County Unit | P.O. Box 24<br>Hoffmeister, NY 13353 | 315: 826-7125 | Hamilton |
| American Cancer Society<br>Herkimer County Unit | 125 Mary Street<br>Herkimer, NY 13350 | 315: 866-3630 | Herkimer |
| American Cancer Society<br>Jefferson County Unit | 104 Paddock Street<br>Watertown, NY 13601 | 315: 788-4210 | Jefferson |
| American Cancer Society<br>Lewis County Unit | 5611 Division Street<br>Lowville, NY 13367 | 315: 376-7438 | Lewis |
| American Cancer Society<br>Livingston County Unit | 23 Main Street<br>Geneseo, NY 14454 | 716: 243-3415 | Livingston |
| American Cancer Society<br>Madison County Unit | East Seneca Avenue<br>Route #5 at Willow Road<br>Canastota, NY 13032 | 315: 697-2976 | Madison |
| American Cancer Society<br>Monroe County Unit | 8 Prince Street<br>Rochester, NY 14607 | 716: 461-3800 | Monroe |
| American Cancer Society<br>Montgomery County Unit | 128 Market Street<br>Amsterdam, NY 12010 | 518: 842-5580 | Montgomery |

| DIVISION/OFFICE | ADDRESS | TELEPHONE NO. | COUNTY SERVED |
|---|---|---|---|
| American Cancer Society<br>Niagara County Unit | 2103 Main Street<br>Bridge Station<br>P.O. Box 314<br>Niagara Falls, NY 14305 | 716: 284-4084 | Niagara |
| American Cancer Society<br>Oneida County Unit | 1900 Genesee Street<br>Utica, NY 13502 | 315: 724-4175 | Oneida |
| American Cancer Society<br>Onondaga County Unit | 1010 James Street<br>Syracuse, NY 13203 | 315: 474-2757 | Onondaga |
| American Cancer Society<br>Ontario County Unit | 343 North Main Street<br>P.O. Box 208<br>Canandaigua, NY 14424 | 315: 394-4422 | Ontario |
| American Cancer Society<br>Orange County Unit | 11-15 King Street<br>Middletown, NY 10940 | 914: 343-5612 | Orange |
| American Cancer Society<br>Orleans County Unit | 111 North Main Street<br>Albion, NY 14411 | 716: 589-7808 | Orleans |
| American Cancer Society<br>Oswego County Unit | 184 West First Street<br>Oswego, NY 13126 | 315: 343-1421 | Oswego |
| American Cancer Society<br>Otsego County Unit | 444 Main Street<br>Oneonta, NY 13820 | 607: 432-3990 | Otsego |
| American Cancer Society<br>Putnam County Unit | 64 Gleneida Avenue<br>Room 209<br>Carmel, NY 10512 | 914: 225-2334 | Putnam |
| American Cancer Society<br>Rensselaer County Unit | 24 Second Street<br>Troy, NY 12180 | 518: 274-5303 | Rensselaer |
| American Cancer Society<br>Rockland County Unit | 39 South Main<br>New City, NY 10956 | 914: 634-7966 | Rockland |
| American Cancer Society<br>St. Lawrence County Unit | 9 Hammond Drive<br>P.O. Box 124<br>Canton, NY 13617 | 315: 386-8249 | St. Lawrence |
| American Cancer Society<br>Saratoga County Unit | 376 Broadway - Office #2<br>Saratoga Springs, NY 12866 | 518: 584-2602<br>885-1613 | Saratoga |
| American Cancer Society<br>Schenectady County Unit | 1596 Rugby Road<br>Schenectady, NY 12308 | 518: 377-2241 | Schenectady |

| DIVISION/OFFICE | ADDRESS | TELEPHONE NO. | COUNTY SERVED |
|---|---|---|---|
| American Cancer Society<br>Schoharie County Unit | Corner, Main Street and<br>Rail Road Avenue<br>Middleburgh, NY 12122 | 518: 827-4651 | Schoharie |
| American Cancer Society<br>Schuyler County Unit | 115 West 4th Street<br>Watkins Glen, NY 14891 | 607: 535-2244 | Schuyler |
| American Cancer Society<br>Seneca County Unit | Box 175<br>13 East Main Street<br>Waterloo, NY 13265 | 315: 539-2052 | Seneca |
| American Cancer Society<br>Steuben County Unit | Corner Denison Parkway East<br>and Pearl Street<br>Corning, NY 14830 | 607: 936-3769 | Steuben |
| American Cancer Society<br>Sullivan County Unit | 10 St. John Street<br>Monticello, NY 12701 | 914: 794-5275 | Sullivan |
| American Cancer Society<br>Tioga County Unit | 231 Main Street<br>Owego, NY 13827 | 607: 687-3280 | Tioga |
| American Cancer Society<br>Tompkins County Unit | 225 South Fulton Street<br>Ithaca, NY 14850 | 607: 273-0430 | Tompkins |
| American Cancer Society<br>Ulster County Unit | 400 Broadway<br>Kingston, NY 12401 | 914: 331-8300 | Ulster |
| American Cancer Society<br>Warren County Unit | 380 A Glen Street<br>Sherman Avenue Entrance<br>Glens Falls, NY 12801 | 518: 792-5358 | Warren |
| American Cancer Society<br>Washington County Unit | 221½ Main Street<br>Hudson Falls, NY 12839 | 518: 747-7916 | Washington |
| American Cancer Society<br>Wayne County Unit | 110 Church Street<br>Newark, NY 14513 | 315: 331-6480 | Wayne |
| American Cancer Society<br>Wyoming County Unit | 60 North Main Street<br>Warsaw, NY 14569 | 716: 796-5667 | Wyoming |
| American Cancer Society<br>Yates County Unit | P.O. Box 113<br>1 Madison Lane<br>Penn Yan, NY 14527 | 315: 536-6955 | Yates |
| American Cancer Society<br>New York City Division, Inc. | 19 West 56th Street<br>New York, NY 10019 | 212: 586-8700 | |

| DIVISION/OFFICE | ADDRESS | TELEPHONE NO. | COUNTY SERVED |
|---|---|---|---|
| American Cancer Society<br>Brooklyn Unit | 141 Livingston Street<br>Brooklyn, NY 11201 | 212: 237-7850 | Kings |
| American Cancer Society<br>Bronx Unit | 19 West 56th Street<br>New York, NY 10019 | 212: 586-8700 | Bronx |
| American Cancer Society<br>Staten Island Unit | 100 New Dorp Plaza<br>Staten Island, NY 10306 | 212: 987-8871 | Richmond |
| American Cancer Society<br>Queens Division | 111-15 Queens Boulevard<br>Forest Hills, NY 11375 | 212: 263-2224 | Queens |
| American Cancer Society<br>Westchester Division | 246 North Central Avenue<br>Hartsdale, NY 10530 | 914: 949-4800 | Westchester |

## NEW YORK STATE OFFICES OF THE AMERICAN HEART ASSOCIATION

| CHAPTER/AFFILIATE | ADDRESS | TELEPHONE NO. | COUNTIES SERVED |
|---|---|---|---|
| American Heart Association<br>Broome County Chapter, Inc. | 8 Riverside Drive<br>Binghamton, NY 13905 | 607: 723-0208 | Broome |
| American Heart Association<br>Central New York Chapter,<br>Inc. | 1024 Park Avenue<br>Utica, NY 13501 | 315: 797-8906 | Chenango<br>Delaware<br>Hamilton<br>Herkimer<br>Madison<br>Oneida<br>Otsego |
| American Heart Association<br>Dutchess County Chapter, Inc. | 31 Haight Avenue<br>Poughkeepsie, NY 12603 | 914: 454-4310 | Dutchess |
| American Heart Association<br>Finger Lakes Chapter, Inc. | 191 Parrish Street<br>Canandaigua, NY 14424 | 716: 394-1240 | Livingston<br>Ontario<br>Seneca |
| | Maxwell Hall<br>Clifton Springs, NY 14432 | 716: 462-9062 | Wayne<br>Yates |
| American Heart Association<br>Genessee Valley Chapter, Inc. | 797 Elmwood Avenue<br>Rochester, NY 14620 | 716: 461-5590<br>(93) | Monroe |
| | 414 West Avenue<br>Medina, NY 14103 | 716: 798-4725 | Orleans |

| CHAPTER/AFFILIATE | ADDRESS | TELEPHONE NO. | COUNTIES SERVED |
|---|---|---|---|
| American Heart Association<br>Mid-Hudson Chapter, Inc. | 75 Lucas Avenue<br>Kingston, NY 12401 | 914: 338-8517 | Columbia<br>Greene<br>Ulster |
| American Heart Association<br>Nassau, New York Chapter, Inc. | 365 Willis Avenue<br>Mineola, NY 11501 | 516: 741-5522 | Nassau |
| American Heart Association<br>Northeastern New York<br>Chapter, Inc. | 29 East Main Street<br>Amsterdam, NY 12010 | 518: 843-3666 | Albany<br>Clinton<br>Essex |
| | 16 East Fulton Street<br>Gloversville, NY 12078 | 518: 725-5111 | Fulton<br>Montgomery<br>Rensselear |
| | 68 Pearl Street<br>Hudson Falls, NY 12839 | 518: 747-0493 | Saratoga<br>Schenectady<br>Schoharie |
| | 257 Osborne Road<br>Loudonville, NY 12211 | 518: 459-5880 | Warren<br>Washington |
| | 62 Brinkerhoff Street<br>Plattsburgh, NY 12901 | 518: 561-3326 | |
| American Heart Association<br>Northern New York Chapter, Inc. | 1402 Washington Street<br>Watertown, NY 13601 | 315: 782-1791 | Oswego<br>Jefferson<br>Lewis<br>St. Lawrence<br>Franklin |
| American Heart Association<br>Orange-Sullivan, New York<br>Chapter, Inc. | 469 Broadway<br>Newburgh, NY 12550 | 914: 561-2950 | Orange<br>Sullivan |
| American Heart Association<br>Rockland Division<br>New York State Affiliate, Inc. | 39 South Main Street<br>New City, NY 10956 | 914: 634-4987 | Rockland |
| New York Heart Association | 205 East 42nd Street<br>New York, NY 10017 | 212: 661-5335 | 5 boroughs of<br>New York City |
| American Heart Association<br>New York State Affiliate,<br>Inc. | 214 South Warren Street<br>Syracuse, NY 13202 | 315: 478-6681 | All New York<br>State Counties<br>excluding 5<br>boroughs of<br>New York City |

| CHAPTER/AFFILIATE | ADDRESS | TELEPHONE NO. | COUNTIES SERVED |
|---|---|---|---|
| American Heart Association Southern Tier, New York Chapter, Inc. | 530 West Church Street Elmira, NY 14905 | 607: 734-2939 | Chemung Schuyler Steuben Tioga Tompkins |
| American Heart Association Southwestern New York Chapter, Inc. | 812 Hotel Jamestown Building Jamestown, NY 14701 | 716: 483-1509 | Allegany Cattaraugus Chautauqua |
| American Heart Association Suffolk Chapter, Inc. | 127 Atlantic Avenue Blue Point, NY 11715 | 516: 363-6200 | Suffolk |
| American Heart Association Upstate New York Chapter, Inc. | 63 Genesee Street Auburn, NY 13021 | 315: 253-4328 | Cayuga |
| | 22 Tompkins Street Cortland, NY 13015 | 607: 753-3259 | Cortland |
| | 1212 James Street Syracuse, NY 13203 | 315: 476-5381 | Onondaga |
| Westchester Heart Association, Inc. | 15 Rye Ridge Plaza Port Chester, NY 10573 | 914: 937-6601 | Putnam Westchester |
| American Heart Association Western New York Chapter, Inc. | 255 Statler-Hilton Hotel Buffalo, NY 14202 | 716: 853-5356 | Erie Genesee Niagara Wyoming |

AMERICAN LUNG ASSOCIATIONS

| AFFILIATE NAME | ADDRESS | TELEPHONE NO. | COUNTIES SERVED |
|---|---|---|---|
| American Lung Association of Central New York | P.O. Box 6409 Syracuse, NY 13217 | 315: 422-6142 | Cortland, Franklin, Jefferson, Lewis, Onondaga, Oswego, St. Lawrence, Tompkins |
| American Lung Association of the Finger Lakes Region | 410 East Henrietta Road Rochester | 716: 442-4260 | Cayuga, Livingston, Monroe, Ontario, Orleans, Seneca, Wayne, Yates, Chemung, Steuben, Schuyler |

| AFFILIATE NAME | ADDRESS | TELEPHONE NO. | COUNTIES SERVED |
|---|---|---|---|
| American Lung Association of the Hudson Valley | 35 Orchard Street<br>White Plains, NY 10603 | 914: 949-2150 | Orange, Putnam, Rockland, Westchester, Greene, Ulster, Sullivan |
| American Lung Association of Mid-New York | 23 South Street<br>Utica, NY 13501 | 315: 735-9225 | Broome, Chenango, Delaware, Fulton, Hamilton, Herkimer, Madison, Oneida, Otsego, Tioga |
| American Lung Association of Nassau-Suffolk | 405 Ostrander Avenue<br>Riverhead, NY 11901 | 516: 727-2155 | Nassau and Suffolk |
| American Lung Association of Western New York | 766 Ellicott Street<br>Buffalo, NYL 14203 | 716: 886-4655 | Allegany, Cattaraugus Chautauqua, Erie Genesee, Niagara, Wyoming |
| American Lung Association of New York State<br>Adirondack Branch | 8 Mountain View Avenue<br>Albany, NY 12205 | 518: 459-4197 | Clinton, Essex, Warren, Washington |
| Capital District Branch | | | Albany, Rensselaer |
| American Lung Association of New York State<br>Dutchess-Columbia Branch | 246 Church St.<br>Poughkeepsie, NY 12061 | 914: 452-0160 | Columbia, Dutchess |
| American Lung Association Of New York State<br>Eastern Mohawk Branch | 8 Mountain View Avenue<br>Albany, NY 12205 | 518: 459-4197 | Schenectady, Schoharie, Saratoga, Montgomery |
| CONSTITUENTS: | | | |
| American Lung Association of New York State | 8 Mountain View Avenue<br>Albany, NY 12205 | 518: 459-4197 | |
| Brooklyn TB and Lung Association | 293 Schermerhorn Street<br>Brooklyn, NY 11217 | 212: 624-8531 | Kings |
| New York Lung Association | 22 East 40th Street<br>New York, NY 10016 | 212: 889-3370 | Bronx, New York, Richmond |
| Queensboro Lung Association | 159-29 90th Avenue<br>Jamaica, NY 11432 | 212: 526-2557 | Queens |